



**State of Alabama Board of Examiners of  
Assisted Living Administrators**

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Montgomery, Alabama 36117  
www.boeala.state.al.us

Amy Findley  
Executive Director

Telephone: (334) 271-2418  
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RE: Request to Give Information Regarding License

Your Name: \_\_\_\_\_ Last 4 of Social: \_\_\_\_\_

License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting that information regarding my Assisted Living Administrator's license may be discussed with the following person(s):

- 1) \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2) \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3) \_\_\_\_\_ Relationship: \_\_\_\_\_

By signing this form, I authorize the Board of Examiners of Assisted Living Administrators to discuss all aspects of my license with the person(s) listed above. I also understand that this request will be active until I notify the Board in writing to cancel and/or amend this request.

Signed \_\_\_\_\_

Date \_\_\_\_\_